

## CERTIFICATION OF VITAL RECORD

# COUNTY OF LOS ANGELES

## REGISTRAR-RECORDER/COUNTY CLERK

3052015038727

## CERTIFICATE OF DEATH

3201519008603

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) <b>MICHAEL</b>		2. MIDDLE -	
3. LAST (Family) <b>SOARES</b>			
4. DATE OF BIRTH mm/dd/coy <b>09/29/1979</b>		5. AGE Yrs <b>35</b>	
6. SEX <b>M</b>			
7. DATE OF DEATH mm/dd/coy <b>02/06/2015</b>		8. HOUR (24 Hours) <b>0006</b>	
9. BIRTH STATE/FOREIGN COUNTRY <b>CA</b>		10. SOCIAL SECURITY NUMBER <b>553-59-4456</b>	
11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS/SDP (at time of death) <b>NEVER MARRIED</b>	
13. EDUCATION - Highest Level/Degree (see worksheet on back) <b>GED</b>		14. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
15. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) <b>AFRICAN AMERICAN</b>			
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED <b>NEVER WORKED</b>		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) -	
19. YEARS IN OCCUPATION <b>0</b>			
20. DECEDENT'S RESIDENCE (Street and number, or location) <b>1254 W. 91ST STREET APT C</b>			
21. CITY <b>LOS ANGELES</b>		22. COUNTY/PROVINCE <b>LOS ANGELES</b>	
23. ZIP CODE <b>90044</b>		24. YEARS IN COUNTY <b>0</b>	
25. STATE/FOREIGN COUNTRY <b>CA</b>			
26. INFORMANT'S NAME, RELATIONSHIP <b>DAWN SOARES, MOTHER</b>		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) <b>1254 W. 91ST STREET APT C, LOS ANGELES, CA 90044</b>	
28. NAME OF SURVIVING SPOUSE/SDP - FIRST -		29. MIDDLE -	
30. LAST (BIRTH NAME) -			
31. NAME OF FATHER/PARENT - FIRST <b>UNKNOWN</b>		32. MIDDLE <b>UNKNOWN</b>	
33. LAST <b>UNKNOWN</b>		34. BIRTH STATE <b>UNKNOWN</b>	
35. NAME OF MOTHER/PARENT - FIRST <b>DAWN</b>		36. MIDDLE -	
37. LAST (BIRTH NAME) <b>MCAHAN</b>		38. BIRTH STATE <b>CA</b>	
39. DISPOSITION DATE mm/dd/coy <b>02/26/2015</b>		40. PLACE OF FINAL DISPOSITION <b>RES. DAWN SOARES 1254 W. 91ST STREET APT C, LOS ANGELES, CA 90044</b>	
41. TYPE OF DISPOSITION(S) <b>CR/RES</b>		42. SIGNATURE OF EMBALMER <b>NOT EMBALMED</b>	
43. LICENSE NUMBER -			
44. NAME OF FUNERAL ESTABLISHMENT <b>ETERNAL VALLEY MEMORIAL PARK MORTUARY</b>		45. LICENSE NUMBER <b>FD1163</b>	
46. SIGNATURE OF LOCAL REGISTRAR <b>JEFFREY GUNZENHAUSER, MD</b>		47. DATE mm/dd/coy <b>02/25/2015</b>	
101. PLACE OF DEATH <b>RESIDENCE</b>		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/ICF <input type="checkbox"/> ECA <input type="checkbox"/> Home <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other			
104. COUNTY <b>LOS ANGELES</b>		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) <b>45335 GADSEN AVENUE</b>	
106. CITY <b>LANCASTER</b>			
107. CAUSE OF DEATH Enter the chain of events --- diseases, injuries, or complications --- that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventilator fibrillation without showing the etiology. DO NOT ABBREVIATE. <b>DEFERRED</b>		108. DEATH REPORTED TO CORNER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <b>2015-00969</b>	
109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		110. AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
111. USED IN DETERMINING CAUSE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 <b>NONE</b>			
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) <b>NO</b>			
113A. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK			
114. SIGNATURE AND TITLE OF CERTIFIER <b>DEAN C. LOGAN</b>		115. LICENSE NUMBER <b>50</b>	
116. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE <b>REGINA AUGUSTINE</b>		117. DATE mm/dd/coy <b>02/20/2015</b>	
118. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER <b>REGINA AUGUSTINE, DEP. CORONER</b>		119. INJURY DATE mm/dd/coy <b>02/20/2015</b>	
120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/coy <b>02/20/2015</b>	
122. HOUR (24 Hours) <b>0006</b>			
123. PLACE OF INJURY (e.g., home, street, construction site, etc.) <b>HOME</b>			
124. MECHANISM OF INJURY (e.g., fall, motor vehicle, etc.) <b>FALL</b>			
125. LOCATION OF INJURY (Street and number, or location, and city, and zip) <b>1254 W. 91ST STREET APT C, LOS ANGELES, CA 90044</b>			
126. SIGNATURE OF CORONER / DEPUTY CORONER <b>REGINA AUGUSTINE</b>			
127. DATE mm/dd/coy <b>02/20/2015</b>			
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER <b>REGINA AUGUSTINE, DEP. CORONER</b>			
STATE REGISTRAR		CENSUS TRACT	

This is to certify that this document is a true copy of the official record filed with the Registrar-Recorder/County Clerk.

*Dean C. Logan*  
**DEAN C. LOGAN**  
 Registrar-Recorder/County Clerk

This copy is not valid if it is prepared on an engraved border displaying the seal and signature of the Registrar-Recorder/County Clerk.

JAN 25 2017



1000001436611

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

## CERTIFICATION OF VITAL RECORD

# COUNTY OF LOS ANGELES

## REGISTRAR-RECORDER/COUNTY CLERK

3052015038727

STATE FILE NUMBER

1.1

## PHYSICIAN/CORONER'S AMENDMENT

NO ERASURES, WHITEOUTS, PHOTOCOPIES,  
OR ALTERATIONS

3201519008603

LOCAL REGISTRATION NUMBER

☐ BIRTH ☒ DEATH ☐ FETAL DEATH

TYPE OR PRINT CLEARLY IN BLACK INK ONLY - THIS AMENDMENT BECOMES AN ACTUAL PART OF THE OFFICIAL RECORD

## PART I INFORMATION TO LOCATE RECORD

INFORMATION AS IT APPEARS ON ORIGINAL RECORD	1A. NAME—FIRST MICHAEL	1B. MIDDLE -	1C. LAST SOARES	2. SEX M
	3. DATE OF EVENT—MM/DD/CCYY 02/06/2015	4. CITY OF EVENT LANCASTER	5. COUNTY OF EVENT LOS ANGELES	

## PART II STATEMENT OF CORRECTIONS

6. CERTIFICATE ITEM NUMBER	7. INFORMATION AS IT APPEARS ON ORIGINAL RECORD	8. INFORMATION AS IT SHOULD APPEAR
107A	DEFERRED	THERMAL INJURIES
107AT	-	RAPID
112	NONE	INHALATION OF PRODUCTS OF COMBUSTION, EFFECTS OF METHAMPHETAMINE
119	PENDING INVESTIGATION	ACCIDENT
120		NO
121		UNK
122		UNK
123		HOME
124		RESIDENTIAL FIRE, EFFECTS OF METHAMPHETAMINE
125		45335 GADSDEN AVENUE, LANCASTER, CA 93534

DECLARATION  
OF  
CERTIFYING  
PHYSICIAN OR  
CORONER

I HEREBY DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

9. SIGNATURE OF CERTIFYING PHYSICIAN OR CORONER

JEFFREY P GUTSTADT MD

10. DATE SIGNED—MM/DD/CCYY

05/13/2015

11. TYPED OR PRINTED NAME AND TITLE/DEGREE OF CERTIFIER

DME

12. ADDRESS—STREET and NUMBER

1104 NORTH MISSION ROAD

13. CITY

LOS ANGELES

14. STATE

CA

15. ZIP CODE

90033

STATE/LOCAL  
REGISTRAR  
USE ONLY

16. OFFICE OF VITAL RECORDS OR LOCAL REGISTRAR

STATE REGISTRAR - OFFICE OF VITAL RECORDS

17. DATE ACCEPTED FOR REGISTRATION—MM/DD/CCYY

05/13/2015

STATE OF CALIFORNIA, DEPARTMENT OF PUBLIC HEALTH, OFFICE OF VITAL RECORDS

FORM VS 24a (REV. 1/08)  
"020101002939164"

FORM VS 24a (REV. 1/08)

1.1

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*Dean C. Logan*  
 DEAN C. LOGAN  
 Registrar-Recorder/County Clerk

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JAN 25 2017



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